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APPLICANT	NIKOLAI I. AFANASENKO, MOSCOW, RUSSIAN FEDERATIO; ARNOLD S. BARER, MOSCOW, RUSSIAN FEDERATIO; ANATOLY I. GRIGORIEV, MOSCOW, RUSSIAN FEDERATIO; INESA B. KOZLOVSKAYA, MOSCOW, RUSSIAN FEDERATIO; ALBERT P. SAVINOV, MOSKOVSKAYA, RUSSIAN FEDERATIO; GAI I. SEVERIN, MOSCOW, RUSSIAN FEDERATIO; XENIA A. SEMENOVA, MOSCOW, RUSSIAN FEDERATIO; VIKTOR M. SINIGIN, MOSKOVSKAYA, RUSSIAN FEDERATIO; IGOR A. SOKOLOVSKY, MOSKOVSKAYA, RUSSIAN FEDERATIO; EVGENY P. TIKHOMIROV, MOSCOW, RUSSIAN FEDERATIO.				
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***** SMALL ENTITY *****					
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS	FILING FEE RECEIVED	ATTORNEY DOCKET NO.
RUX	1	3	1	\$475.00	AFANASENKOET
ADDRESS	COLLARD, ROE & GALGANO 1077 NORTHERN BOULEVARD NEW YORK, NY 11576				
TITLE	DEVICE FOR TREATMENT OF PATIENTS WITH DISTURBED POSTURE AND MOTOR ACTIVITY				
This is to certify that annexed hereto is a true copy from the records of the United States Patent and Trademark Office of the application which is identified above. By authority of the COMMISSIONER OF PATENTS AND TRADEMARKS Date _____ Certifying Officer _____					

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FAMILY NAME: AFANASENKO DELAY WAIVED (Y/N): Y
GIVEN NAME: NIKOLAI DEMAND RECEIVED (Y/N): Y
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ATTORNEY DOCKET NUMBER: AFANASENKO COUNTRY: RUX
CORRESPONDENTS NAME/ADDRESS:
EDWARD R. FREEDMAN
COLLARD & ROE, P.C.
1077 NORTHERN BOULEVARD
ROSLYN, NEW YORK 11576

APPLICATION TITLES:
DEVICE FOR TREATMENT OF PATIENTS WITH DISTURBED POSTURE AND MOTOR AND
MOTOR ACTIVITY

OK TO UPDATE? (Y OR N) Y

